



## SURGERY.

UNDER THE CHARGE OF

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**Fracture of the Calcaneum.**—TUFFIER and DESFOSES (*La Presse Méd.*, April 13, 1898) report an interesting case of fracture of the calcaneum, in which by means of the x-rays they were enabled to see the mechanism of the fracture, which formerly a post-mortem examination was alone capable of showing.

The skiagraph shows that a triangular portion of the calcaneum, which contained the attachment of the tendo-Achilles, was torn away, evidently by muscular force applied to it through that tendon. The skiagraph also shows that the line of fracture corresponded to the lines of the structure of the bone, and that the break started at the point where the force was applied to the longitudinal fibres of the bone.

**The Treatment of Ankylosis of the Jaw.**—ROSER (*Cent. f. Chir.*, 1898, No. 5) reports a successful case in which he employed a method which he devised for the prevention of a recurrent ankylosis. After an excision of the articular surfaces of the lower jaw he interposed a thin sheet of gold moulded to fit the joint in a measure, and thus, while helping to hold the parts in position, it prevented the formation of a bony or fibrous union.

The method of interposing portions of muscular structures has been employed by others, but the use of metal for this purpose, the author believes, has distinct advantages. The result in this case was eminently successful, the patient retaining the original amount of motion attained.

The author believes this method of interposing a foreign substance may be readily applied to other joints in the production of artificial arthroses.

**Transperitoneal Nephrectomy with Marsupialization of the Peritoneum.**—In all cases where the increased size of the kidney makes it apparent that it will be impossible to remove it by the lumbar route, VILLARD (*Gaz. Heb. de Méd. et de Chir.*, February 6, 1898) advises the employment of the transperitoneal route, with the previous performance of marsupialization of the peritoneum in the following manner:

The abdominal incision is made over the external border of the rectus muscle, making it possible to avoid the colon and pass externally to it in reaching the kidney. The length of the incision depends on the size of the tumors.

As soon as the peritoneum is incised hæmostatic forceps are placed upon the serous margins, everting them. This wound has presenting in it the anterior surface of the kidney, which is incised about an inch exterior to the insertion of the colon, which in the decortication is displaced internally. The two margins of the incision in the peritoneum of the kidney are caught with hæmostats and dissected up slightly and united to the peritoneum of the parietes on either side along the entire margin of the abdominal incision. There has thus been formed an opening through the abdominal wall down to the kidney, with the peritoneal cavity entirely shut off from the wound. Through this opening the kidney can be readily removed without danger of infection.

In cases of malignant tumors of the kidney the nephrectomy should be extracapsular; in cases of suppuration try the same process, but remember that more frequently it will be necessary to do a subcapsular nephrectomy.

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**The Disinfection of the Field of Operation.**—Numerous methods have been employed with varying success for the disinfection of the skin in the field of operation; it is known that the bacteria are held in the natural fats of the skin and that their removal is essential to the destruction of the germs. LANDECKER and KRÄMER (*Cent. f. Chir.*, 1898, No. 8) find that methods heretofore employed are none of them entirely satisfactory, since in a large percentage of cases treated by any of these methods bacterial colonies are found in large numbers. These bacteria are also found in the glands of the skin as well as upon the surface, and a method to be successful must penetrate deep into the skin.

They propose the employment of a 1 per cent. formalin solution for this purpose, and their experiments show that 80 to 90 per cent. of the cases are absolutely sterile.

The technique of the method is simple: After an ordinary soap-and-water bath, a compress wrung out of 1 per cent. formalin solution is placed over the part protected by a water-proof covering and held in place by a moist bandage. The action commences at the end of six hours. The bandage is continued on an average of from twelve to thirty-six hours, and is renewed once or twice during that time. If it is allowed to remain more than two days the skin is hardened and primary union interfered with. The ordinary means of sterilization are employed just before the operation.

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**Three Cases of Nephrectomy for Pyelonephritis Followed by Recovery.**—COELHO (*Rev. de Chir.*, November 10, 1897) reports three cases of pyelonephritis in which the kidneys were so involved by the disease that nephrectomy was the only method of treatment that held out any chance of recovery.

The author does not believe that it will occur very often that three cases of pyelonephritis will be found that can be justifiably treated by nephrectomy. Many cases can be treated by medical means, and the great majority can be cured and leave behind, after a nephrotomy, sufficient functional ability in the kidney to be of great service.

The author does not believe that the good results which he has had in these three cases, the only ones he has operated upon, in any manner affect the